

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER | R: 011200001 | | CI | ΓY OR TOWN | BOLTON | |
|--|---|-----------------|------------------|-----------------|----------------------|-------------|
| APPLICATION FOI | R RENEWAL: | Annu | al | LICEN | NSED FOR 20 | 013 |
| | | CLAS | SS | | | YEAR |
| LICENSEE NAME: DOING BUSINESS ADDRESS 159 BAI | A | L INC., THE | | | | |
| CITY/TOWN: BOI | | STATE: | MA | ZIP CODE: | 01740 | |
| | | | | | | |
| MANAGER: LYN EMAIL ADDRESS: | PLEASE ALSO VISIT OUR W | | | | CATEGORY: | All Alcohol |
| DESCRIPTION OF | LICENSED PREMI | SES: | | | | |
| FOUR LOCATIONS | S; CLUB HOUSE, S | NACK HOUS | E,GOLF H | OUSE, GUEST | ΓHOUSE | |
| 2. the licens | red license will be of ee has complied with ses are now open for | all laws of the | Common | wealth relating | | |
| SIGNED BY | Individual, Partner | or Authorized | l Corporate | Officer | | |
| DATE: | TELEPHON | E NUMBER: | | | ER IDENTIFICAT | |
| Acts of 2004, signed | d, attest that we are d by the building in (2) the certificate of | spector and th | ne head of | the fire depar | tment for the | above |
| Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain | nin) | | | OCAL LICEN | SING AUTHO | ORITY |
| DATE: | | | - | | | |
| APPLICATION FOR RENEV | WAL MUST BE FILED BY L | ICENSEES DURIN | – G THE MONTI | H OF NOVEMBER (| M.G.L. Ch. 138 \$ 16 | 5A) |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBE | R: 011200002 | | CITY OR TOWN | BOLTON |
|--|---|--|---|---|
| APPLICATION FO | R RENEWAL: | Annual | LICEN | SED FOR 2013 |
| | | CLASS | | YEAR |
| | BOLTON ROAD A BOLTON ROAD | | RILL | |
| ADDRESS 544 WA | TTAQUADOCK HIL | L RD | | |
| CITY/TOWN: BO | LTON | STATE: MA | ZIP CODE: | 01740 |
| MANAGER: WHI H. | TTE, CHARLES TYP | E OF LICENSE: R | estaurant C. | ATEGORY: All Alcohol |
| EMAIL ADDRESS: | | | | |
| | PLEASE ALSO VISIT OUR WE | | EMAIL ADDRESS | |
| | LICENSED PREMIS | | | 0 00 PT |
| | 10 SQ. FT. OF LANI | | S.BLDG. APPR.3,90 | 0 SQ.FT. |
| the renew the licens | swear under penalties wed license will be of t see has complied with ises are now open for l | he same type for the all laws of the Con | nmonwealth relating t | |
| SIGNED BY | | | | |
| 5101.22 51 | Individual, Partner | or Authorized Corp | oorate Officer | |
| DATE: | Individual, Partner TELEPHONI | | EMPLOYE | R IDENTIFICATION NUMBER: dividual Social Security Number) |
| DATE: We the undersigne Acts of 2004, signe | TELEPHONI d, attest that we are d by the building ins | E NUMBER: in possession (1) to pector and the hear | EMPLOYEI (Note: <u>NOT</u> Inc the certificate requir ad of the fire depart | dividual Social Security Number) ed by Chapter 304 of the |
| DATE: We the undersigne Acts of 2004, signe named license and | TELEPHONI d, attest that we are d by the building ins (2) the certificate of | E NUMBER: in possession (1) to pector and the hear | EMPLOYEI (Note: <u>NOT</u> Inc.) the certificate required of the fire departs urance required by | ed by Chapter 304 of the ment for the above |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUI | MBER: 011200006 | | CITY OR TOWN BOLTON | |
|----------------------|--------------------------|------------------------------|---|-----------------------|
| APPLICATIO | N FOR RENEWAL: | Annual | LICENSED FOR 2 | 2013 |
| | | CLASS | | YEAR |
| LICENSEE NA | AME: NASHOBA VA | ALLEY SPIRITS, LTD | | |
| DOING BUSI | NESS A | | | |
| ADDRESS 92 | WATTAQUADOC H | ILL RD | | |
| CITY/TOWN: | BOLTON | STATE: MA | ZIP CODE: 01740 | |
| MANAGER: | PELLETIER, RICHARD A. | TYPE OF LICENSE: Res | staurant CATEGORY: | Wine and Malt Regular |
| EMAIL ADDR | RESS: | | | |
| | PLEASE ALSO VISIT O | UR WEBSITE AND ENTER YOUR EN | MAIL ADDRESS | |
| - | N OF LICENSED PRE | | | |
| | _ | | ANT) BLDG & CONTROLLE URSUANT TO SPECIAL PER | |
| I hereby certify | and swear under pena | lties of perjury that: | | |
| 1. the | renewed license will be | e of the same type for the | same premises now licensed; | |
| 2. the | licensee has complied | with all laws of the Comn | nonwealth relating to taxes; and | |
| 3. the | premises are now open | for business (If not expla | ain below) | |
| | | | | |
| SIGNED BY | Individual, Par | tner or Authorized Corpo | orate Officer | |
| | | | | |
| | | | | |
| DATE: | TELEPH | IONE NUMBER: | EMPLOYER IDENTIFICA | TION NUMBER: |
| | | | (Note: NOT Individual Social | Security Number) |
| Acts of 2004, | signed by the building | g inspector and the head | e certificate required by Chap I of the fire department for th rance required by Chapter 11 | e above |
| Please Check Belo | | | LOCAL LICENSING AUTH | IORITY |
| APPROVED: | | | By: | |
| DISAPPROVE | | | | |
| (If disapproved | i expiain) | | | |
| | | | | |
| DATE: | | | | |
| | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 01 | 1200007 | | CITY OR TOWN | BOLTON | |
|---|--------------------------|---------------------------------------|-----------------------------------|------------|------------------------------|
| APPLICATION FOR RE | ENEWAL: | Annual | LICEN | SED FOR 20 |)13 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: BC | OLTON COUNTRY | CUPBOARD, I | NC | | |
| DOING BUSINESS A | | | | | |
| ADDRESS 476 MAIN S | Т | | | | |
| CITY/TOWN: BOLTO | N | STATE: MA | ZIP CODE: | 01740 | |
| MANAGER: HOUDE, | DAVID P. TYPE (| OF LICENSE: Pa | ckage Store CA | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| | SE ALSO VISIT OUR WEBSIT | | MAIL ADDRESS | | |
| DESCRIPTION OF LICI | | | | | |
| SINGLE STORY BLDG | , MULTIPLE EXIT | S AND ONE FR | ONT ENTRANCE | | |
| 2. the licensee has 3. the premises a SIGNED BY | | laws of the Com iness (If not expl | | | |
| | arvidadi, i driner or i | iumonzea corp | | | |
| | | | | | |
| DATE: | TELEPHONE N | UMBER: | EMPLOYER (Note: <u>NOT</u> Ind | | TION NUMBER: ecurity Number) |
| Please Check Below: | | | LOCAL LICENS | ING AUTHO | ORITY |
| APPROVED: | | | By: | | |
| DISAPPROVED: [If disapproved explain] | | | | | |
| (11 Sibapproved explain) | | | | | |
| | | | | | |
| DATE: | | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 0112 | 80000 | C | TY OR TOWN | BOLTON | |
|---|------------------------------|-----------------|---------------------------------------|------------|---------------------------------|
| APPLICATION FOR REN | EWAL: | nnual | LICEN | SED FOR 20 |)13 |
| | C | LASS | | | YEAR |
| LICENSEE NAME: PEN | NACOOK, INC. | | | | |
| DOING BUSINESS A FIR | EWATER AND WINE | PACKAGE S | TORE | | |
| ADDRESS 25 FORBUSH | MILL ROAD | | | | |
| CITY/TOWN: BOLTON | STAT | E: MA | ZIP CODE: | 01740 | |
| MANAGER: BAKER, KI | EVIN TYPE OF LIC | ENSE: Packa | ge Store CA | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| PLEASE A | ALSO VISIT OUR WEBSITE AND E | NTER YOUR EMAII | ADDRESS | | _ |
| DESCRIPTION OF LICEN | SED PREMISES: | | | | |
| ONE ENTRANCE/EXIT O RETAIL SPACE,15 X 15 .' BUILDING. | | | | | FT. |
| SIGNED BY | now open for business (| | · · · · · · · · · · · · · · · · · · · | | |
| | , | • | | | |
| | | | | | |
| DATE: | TELEPHONE NUMBI | ER: | EMPLOYER (Note: <u>NOT</u> Ind | | TION NUMBER: ecurity Number) |
| Please Check Below: | | | LOCAL LICENS | ING AUTHO | ORITY |
| APPROVED: DISAPPROVED: | |] | By: | | |
| (If disapproved explain) | | | | | |
| | | | | | <u> </u> |
| DATE: | | | | | <u></u> |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUN | MBER: 011200009 | | CITY O | R TOWN | BOLTON | | |
|--------------------|---|-------------------------|----------------------|--|---------------|--------------------------|--|
| APPLICATION | N FOR RENEWAL: | Annua | 1 | LICEN | SED FOR 20 | 013 | |
| | | CLAS | S | | | YEAR | |
| LICENSEE NA | AME: TWIN SPRIN | GS HOLDINGS IN | C. | | | | |
| DOING BUSIN | NESS A TWIN SPRI | NGS GOLF COURS | SE | | | | |
| ADDRESS 295 | WILDER ROAD | | | | | | |
| CITY/TOWN: | BOLTON | STATE: | MA ZIP (| CODE: | 01740 | | |
| | DEMPSEY, DANIEL | TYPE OF LICENS | E:General on premise | C | ATEGORY: | Wine and Malt Regular | |
| EMAIL ADDR | ESS: | | | | | | |
| | PLEASE ALSO VISIT | OUR WEBSITE AND ENTER Y | OUR EMAIL ADDRES | SS | | _ | |
| | N OF LICENSED PR | | | | | | |
| | IC GOLF COURSE ERAGE PRODUCTS | | | RELATE | D PRODUC' | ΓS, | |
| I hereby certify | and swear under pen | alties of perjury that | | | | | |
| 1. the r | renewed license will | be of the same type f | or the same prei | mises now | licensed; | | |
| 2. the 1 | licensee has complied | l with all laws of the | Commonwealth | relating t | o taxes; and | | |
| | premises are now ope | | | _ | , | | |
| | | | 1 / | | | | |
| SIGNED BY | | | | | | | |
| SIGNED DI | Individual, Pa | artner or Authorized | Corporate Offic | er | | | |
| | | | | | | | |
| | | | | | | | |
| DATE: | TELEP | HONE NUMBER: | 1 | EMPLOYE | R IDENTIFICAT | TION NUMBER: | |
| | | | (Not | (Note: <u>NOT</u> Individual Social Security Number) | | | |
| Acts of 2004, s | signed, attest that w signed by the buildin and (2) the certifica | ng inspector and the | head of the fi | re depart | ment for the | above | |
| Please Check Below | w: | | LOCA | L LICENS | SING AUTH | ORITY | |
| APPROVED: | | | By: | | | | |
| DISAPPROVE | | | | | | | |
| (If disapproved | explain) | | | | | | |
| | | | | | | | |
| | | | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBEI | R: 011200010 | | CITY OR TOW | N BOLTON | |
|---|---|--|---------------------|-----------------|--------------------------|
| APPLICATION FO | R RENEWAL: | Annual | LICI | ENSED FOR 2 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: DOING BUSINESS ADDRESS 356 MA | A SLATERS | K FARMS, INC. | | | |
| | | STATE: MA | ZID CODE. | 01740 | |
| CITY/TOWN: BOI | | | | | |
| MANAGER: SLA A. | TER, BRUCE T | YPE OF LICENSE: G pi | eneral on remise | CATEGORY: | Wine and Malt Regular |
| EMAIL ADDRESS: | | | | | |
| | | WEBSITE AND ENTER YOUR | EMAIL ADDRESS | | |
| DESCRIPTION OF | | IISES: WITH A 15 X 25 PA | TIO | | |
| I hereby certify and | | | 110 | | |
| the renew the licens | ved license will be dee has complied wi | of the same type for the ith all laws of the Confor business (If not exp | nmonwealth relatin | | |
| SIGNED BY | Individual, Partn | ner or Authorized Corp | oorate Officer | | |
| DATE: | TELEPHO | ONE NUMBER: | | YER IDENTIFICAT | |
| Acts of 2004, signe | d by the building i | re in possession (1) t inspector and the hea of liquor liability ins | ad of the fire depa | rtment for the | above |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl.) | ain) | | LOCAL LICE By: | NSING AUTH | ORITY |
| | | | | | |